MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

ERIAL NO.

DEP.

APPLICANT(S)

CLAIMS

			\neg	AFTER		AFT	AFTER			*		٦,	*		*
		FILED		161 AME	NDMENT	2nd AME	NDMENT			IND.	DEP.	╌	IND.	DEP.	IND.
	IND.	OE	Р.	IND.	DEP.	IND.	DEP.		51	110.		+			
1		ـــــ			 		├──					-			
2		\vdash			<u> </u>	 -			52		 	╗			
3							<u> </u>	1	53		-	-+			<u> </u>
4					<u> </u>		<u> </u>		54						
5							Ļ		55		<u> </u>	-+			
8		1			<u> </u>	L	<u> </u>	Į I	56	ļ		-			├
7		1_1				├	ļ <u>.</u>	l	57		-	-			├
<u>B</u>		11		ļ	ļ		 	ł	58	 		-+		 	-
9		+			ļ	├──	├	1	59	<u> </u>	₩			 -	
10		+		 				ł	60	 	++	-+			
11		+		 	ļ	 		ł	61	-	╁╌┼	\dashv			
12		+		<u> </u>	 			-	62	ļ	+ +				
13		+				 	 	}	63	 	╁╌┼╴	-		-	
14		╁		 	ļ		-	-	64		++	-1		 	+
15		┿.			ļ	 	 	1	65	 	1 +	\dashv		 	+
16		+		<u> </u>		 	1	1	66	ļ	+	_		ļ	┼
17		+		 	 	 	┼	∤	67	 -	1 !			├	
18		+		 	<u> </u>	} -	 		68	ļ		-		<u> </u>	
19		╁╌Ӻ		 	ļ	-	 	┦	69	 	+	-		 	
20		╁┷╁			 	 	 	┨	70	 	1			ļ	-
21		+	_	 		-	 	₹	71	ļ:	++		<u> </u>	ļ	<u> </u>
23		+		ļ	 	 	 	4	72	ļ,	14			ļ	↓
24		+ +		 	 	 	 	ł	73	1	 			ļ:	
25		╅	-		 	 	 	ł	74	-	↓		•	 	1.
28		+	<u> </u>		 	ļ		ł	75	-					3 W 2 3
27		-	-		 	 	 	ļ	76		1			<u> </u>	
28		 	├-		 -		ļ	ł	77	ļ	 				: 3
29		1-	1	-		 		ł	78 79		+			ļ	1 3
30		1	-		 	 	 	1	80	 	 ``	-		 	1
31				7	7		 	ł	81		-			 -:	76.
32		+			 	 	 	{			1				
33			-			 	 -	ļ	63 83	 		\Box			1 . se
34		1	_			 -	 		84	 	┼			 	
35			1	 	-	 -	┼──	1		 	╁	\dashv			┼
36		 	i 	 	 		 	-	85	 	+		·	 _	
37		 	-			 	 	-	86	 	 	<u> </u>			
38	T	┼	-	 		 	 	-	87	<u> </u>	┼			 	
39	 -	+		-	 	├		-	88	<u>-</u>	↓ ·				
40		╅╾┩		 	 	 	 	1	89	 	<u> </u>			 	ļ
41		╅╾╅			 	<u> · </u>	 	1	90	<u> </u>		_			<u> </u>
42			-			 	 	1 .	92	 	+++			 	
43		 	_			 	 -	ł			+	4		ļ	
44				·	 	 		1	93	 	+ +	-			
45							 	i	95	 -	 	-		┼──~	 -
46		\dagger	_		 					 	 	ᆛ	<u> </u>	ļ	<u> </u>
47		1				 	 		96					 	 ·
48		1-1	-		 	 	 		97		+	_		<u> </u>	<u> </u>
49		1			 	 	 		99	 	 	-		 	
50			_		 	 -	 		100	7-	-				
TOTAL			, -				 		TOTAL	^_	 			<u> </u>	ļ:
IND.]	١			<u></u>			IND.	<u>L</u>]	- 1			
DEP.	· · ·					L	-		TOTAL DEP.	l ———	*	1		—	·
YOYAL		1	71		The period	1	原型等		TOTAL			est			1

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S.DEPARTMENT OF COMMERCE Patent and Trademark Office

MULTIPLE _EPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
	<u> </u>
APPLICANT(S)	· · · · · · · · · · · · · · · · · · ·

CLAIMS

	AS F	ILED		FER NOMENT	AFTER 200 AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
101							
102							
103							
104							
105							
106							
107		'					
108							
109							
110							
111		<u> </u>					
112							
113				ļ			
114							
115	ļ						
116							
117							
118							
119		— —					
120		-					
121							
123							
124							
125		-					
126							
127							
128				· · · ·			
129							
130							
131							
132							
133							
134							
135							
136							
137							
138							
139							
140							
141							
142							
143							
144							
145							
146							
147							
148							
149							
150							
TOTAL IND.	8	Ψ		Ψ		Ψ	
TOTAL DEP.	18	4		←		4	
TOTAL CLAIMS	06						

	AS F	TLED		TER NDMENT	AFTER			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
151								
152								
153	 							
154	 							
155 156		H			-			
157	 		 					
158		-						
159								
160								
161								
162								
163	ļ							
164	<u> </u>		ļ					
165	<u> </u>	<u> </u>	ļ			<u> </u>		
166	 							
167	 							
168	 			-				
169 170	 	\vdash						
171	 -					<u> </u>		
172	 			-				
173	· · · · · ·		<u> </u>	 				
174					-			
175								
176								
177								
178								
179	ļ	,						
180		ļ						
181								
182	<u> </u>							
183 184						-		
185	 	-			-			
186	— —							
187	 							
188								
189								
190								
191	L							
192								
193		ļ						
194			l 					
195								
196 197					-			
197								
199								
200								
TOTAL IND.		4		4		T		
TOTAL DEP.		اے		_		4		
TOTAL CLADS					-			
CENTRIS		27/21/21/23		War To fi		and it		

PTO-1360 (REV. 9/03)

U.S. DEPARTMENT of COMMERCE Patent and Trademark Office